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**\*BIBDATASHEET\***

CONFIRMATION NO. 3438

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/620,287	<b>FILING DATE</b> 07/20/2000 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2121	<b>ATTORNEY DOCKET NO.</b> RSSU2
<b>APPLICANTS</b> Robert Samuel Smith, San Jose, CA;				
<b>** CONTINUING DATA *****</b> NONE QSB				
<b>** FOREIGN APPLICATIONS *****</b> NONE QSB				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 09/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> Met after Verified and <input checked="" type="checkbox"/> Acknowledged Examiner's Signature <i>Crystal Barnes</i> Initials <i>QSB</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Robert Samuel Smith 1263 Emory Street San Jose, CA 95126				
<b>TITLE</b> Coordinated audio and visual omnidirectional recording				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	